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Bib Data Sheet

CONFIRMATION NO. 2243

SERIAL NUMBER 09/433,202	FILING DATE 11/04/1999 RULE	CLASS 057	GROUP ART UNIT 1755	ATTORNEY DOCKET NO. N19.12-0026
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APPLICANTS

HARIKLIA DRIS REITZ, SANTA CLARA, CA;

NOBUYUKI KAMBE, MENLO PARK, CA;

SUJEET KUMAR, FREMONT, CA; XIANGXIN BI, SAN RAMON, CA;

** CONTINUING DATA *****

This application is a CIP of 09/136,483 08/19/1998

YB ~

** FOREIGN APPLICATIONS *****

non ~

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/08/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS

24113

PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A.

4800 IDS CENTER

80 SOUTH 8TH STREET

MINNEAPOLIS, MN

55402-2100

TITLE

PARTICLE DISPERSIONS

FILING FEE RECEIVED 659	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/433,202		FILING DATE 11/04/99	CLASS 438	GROUP ART UNIT 1765	ATTORNEY DOCKET NO. N19.12-0026
APPLICANT	HARIKLIA DRIS REITZ, SANTA CLARA, CA; NOBUYUKI KAMBE, MENLO PARK, CA; SUJEET KUMAR, FREMONT, CA; XIANGXIN BI, SAN RAMON, CA.				
	CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A CIP OF 09/136,483 08/19/98 and a CFP of 09/266,202 03/10/99				
	371 (NAT'L STAGE) DATA*** VERIFIED				
	FOREIGN APPLICATIONS*** VERIFIED				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/08/99 ** SMALL ENTITY **					
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 11
Verified and Acknowledged		Examiner's Initials _____ Initials _____		TOTAL CLAIMS 38	INDEPENDENT CLAIMS 6
ADDRESS	PETER S DARDI PHD SUITE 1600 INTERNATIONAL CENTRE 900 SECOND AVENUE SOUTH MINNEAPOLIS MN 55402-3319				
	PARTICLE DISPERSIONS				
TITLE					
FILING FEE RECEIVED \$659	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	